

True Resolutions Inc.

An Independent Review Organization

Phone Number:
(512) 501-3856

500 E 4th St PMB 352
Austin, TX 78701

Email: trueresolutions@irosolutions.com

Fax Number:
(512) 351-7842

Notice of Independent Review Decision

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Case Number:

Date of Notice: 04/13/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology

Description of the service or services in dispute:

1 cervical radiogrequency ablation (RFA)left C3-4, C4-5, and C5-6 fluoroscopic guided

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. She was at work when an entire wall fell on her head and neck. Treatment to date includes cervical medial branch radiofrequency in January 2012 and April of 2013. Office visit note dated 02/17/15 indicates that the patient complains of cervical spine pain that radiates to the upper back and left shoulder rated as 6/10 VAS. Previous therapies are listed as chiropractic, TENS unit, injections and massage therapy. Current medications are estrogen, proestrogen and Wellbutrin. The patient complains of numbness and tingling. The patient has previously had cervical medial branch RFA with good pain relief lasting up to one year.

The initial request for 1 cervical radiofrequency ablation (RFA) left C3-4, C4-5 and C5-6 fluoroscopic guided was non-certified on 02/23/15 noting that the patient has previously undergone RFA at these same levels on 04/05/13. During a follow up in August of 2013, the patient reported 80% improvement from the injections; however, she continued to report pain levels of 6-7 or 8-9 out of 10 with and without medication respectively. Additionally, the provider noted the procedure did not appear to help. The guidelines clearly state that repeat RFA should only be attempted following at least a 50%imp in VAS scores accompanied by decreased medications and documented functional improvement. In the most recent progress report, there is no diagnosis of facet pain nor is there any objective documentation suggestive of facet-mediated pain. Additionally, the provider's request is for 3 levels of blocks which exceeds the ODG recommendations of 2 levels maximum, and there is no documented plan for conservative care. The denial was upheld on appeal dated 03/02/15 noting that while the provider notes great improvement in the patient's condition, the VAS scores given by the patient do not indicates improvement in pain levels. The patient's pain levels were actually higher at the first follow up visit after the radioablation than they were two months prior to the procedure. Also, the provider is requesting more than two levels maximum that the guidelines recommend.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient sustained injuries on xx and underwent prior radiofrequency ablation in 2012 and 2013. The most recent procedure was performed approximately 2 years ago. There is no indication that the patient has undergone any recent active treatment. There is no indication that the patient has undergone recent successful medial branch blocks as required by the Official Disability Guidelines. Additionally, the request is for a three-level radiofrequency procedure. The Official Disability Guidelines note that no more than two levels should be performed. As such, it is the opinion of the reviewer that the request for 1 cervical radiofrequency ablation (RFA) left C3-4, C4-5 and C5-6 fluoroscopic guided is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)